EDITORIAL

Why we need the *Journal of the Medical Library Association*

It is with some trepidation that I assume the editorship of the *Journal of the Medical Library Association (JMLA)*. I know I have some big shoes to fill. The *JMLA* has an illustrious history, of course, stretching back to its days as the *Bulletin of the Medical Library Association*. Edited by such professional luminaries as Marcia C. Noyes and Estelle Brodman, the *Bulletin* and now its successor, the *JMLA*, have been hallmarks of the professions' commitment to developing excellent information services based on an ever-expanding knowledgebase.

Many friends have asked why, having retired from librarianship, I decided to pursue the editorship. My answer has been that it was something I always wanted to do but never had time for when I was fully employed. But of course that begs the question: why did I want to do it to begin with? I think my interest in becoming editor reflects a strong belief in the value of scholarly publishing, a belief that was instilled in me as a doctoral student in psychology and has only been strengthened in my years as a health sciences librarian, particularly the last few years when I was also responsible for scholarly communication issues at my institution. Thus the editorship presents me with a wonderful opportunity: the chance to contribute to the profession by strengthening our scholarly publishing vehicle, the *JMLA*.

To understand why scholarly publishing is so critical, we only need to review the four functions of a journal: dissemination of information, quality control, the canonical archive, and recognition of authors [1]. We usually think of dissemination of information as the most important role of a journal in the scholarly communication process. For a widely distributed profession like ours, the *JMLA* has certainly served that role, alerting us to developments in the field that we may have overlooked. Information dissemi-nation, however, may have become less important now that so much information reaches us through blogs, wikis, social networking sites, YouTube, and the like. Perhaps it was not that important historically either. Guedon has pointed out that the desire to protect intellectual property, not dissemination of information, led to the development of the scholarly journal [2]. More-over, even before the Internet, most important discoveries were initially announced at conferences, on the telephone to colleagues, or at university seminars, rather than in scholarly journals.

Quality control, rather than information dissemination, may be the most critical role for the *JMLA* and other scholarly journals. Even if the information that journals publish has been reported previously, reading it in a scholarly journal tells us that it has been vetted by others in the field. It is the accuracy and verifiability of the information contained in our journal, the quality control the *JMLA* provides, that makes it so important to all of us. How many times have you walked through poster sessions and seen interesting posters, only to return home and wonder how those results were really obtained and would you actually be able to replicate them in your own library setting? Or perhaps you have attended a conference, watched the author rush through twenty PowerPoint slides in eight minutes, and left with a dozen questions unanswered? Papers published in the *JMLA* have been through a careful editorial and peer-review process; the editors and peer reviewers have done our best to be sure that the methodology is sound and that all the information you need to judge the worth of the article is contained in the report. Authors are asked to be evaluative in their reports and to provide background on the setting and the previous literature to help readers judge the relevance of their results.

The quality information contained in the *JMLA* is then archived, in our print version and on PubMed Cen-tral. Little needs to be said to readers of a library journal about the importance of archiving. Libraries are, after all, dedicated to the maintenance of the scholarly record. However, it is worth recalling that one of the roles of the *JMLA* is to assist future health sciences librarians in dealing with old problems and confronting new ones. Writers for the *JMLA* are encouraged to define terms, provide citations, and generally consider not only the current generation of readers but also those in the future who may lack an understanding of the information environment in which the article was written. The *JMLA* is archived, and the information in it is designed to be read into the indefinite future.

Finally, not to be overlooked is the important role the *JMLA* plays in providing our authors with recognition for the work that they performed in doing research, initiating projects, or evaluating their library's performance and, of course, in writing up the results. Conducting research or undertaking novel projects is challenging and time consuming. Journals such as the *JMLA* provide the opportunity for our peers to recognize the work we have done, and these journals thereby play an important role in encouraging us to take the time and effort needed to advance our field.

It is exciting to think that I can contribute, as the editor, to all four of these core missions of our journal. These are generic missions, however, and so you may well ask: what will I bring to the *JMLA*? As a librarian for close to thirty years, I had the opportunity to contribute to the field in many ways. Yet my first love was always user services, particularly the ways in which technology could help to expand access to information. It is probably no coincidence that I take up the editorship of the *JMLA* at a point when our distribution is becoming increasingly electronic, and I plan to bring the same orientation to user services and technology to the *JMLA*. I want the *JMLA* to be an important service

to its users, the readers of the *JMLA*, and one that makes the most of what technology has to offer. As with any user service, to be effective, the *JMLA* has to be easy to use. To improve ease of use we have moved the table of contents, in part, to the cover of the journal. Now you should be able to see the papers in each issue at a glance; the entire table of contents will not always fit on each issue, but we should be able to get the research papers there at least, and I hope that will give you a taste of what is inside. Later this year, we will also provide members the opportunity to subscribe to email delivery of the table of contents for each new issue. You will see an improved website for the *JMLA* as well, one that makes it even easier to keep up with all the quality information we provide.

When considering content, I am mindful of what T. Scott Plutchak, AHIP, said in his first editorial in the *Bulletin*. Scott wrote that "The *Bulletin* needs to have articles that meet the practical daily needs of the busy librarian in a small hospital setting just as much as the in-depth research articles that advance the theoretical underpinnings of our professional practice" [3]. To encourage more such articles, we will adopt a new category for the *JMLA*, the case study. We are all familiar with case studies in clinical medicine, in which a particular case is examined for what it tells us about treatment or diagnosis of disease. Closer to home, medical students in problem-based learning curricula are often assigned a carefully designed "case" to hone their skills in treatment and diagnosis. Case studies are also common in business journals, like the *Harvard Business Review*, where a particularly interesting management problem is described and dissected to assist readers in analyzing similar problems in their own settings.

The *JMLA* has published a variety of case studies over the years. Recently, under the leadership of Nunzia Bettinsoli Giuse, AHIP, FMLA, the *JMLA* introduced the concept of the interactive "Case Study," which was described upon launching as "an information-related problem such as a complex clinical question requiring a synthesis of evidence. Expert commentators will offer their opinions and solutions for dealing with aspects of the presented issues, and readers can comment and propose their suggestions online" [4]. While we plan to continue to host these kinds of case studies at the rate of two a year, our new definition of case study will take the concept to a more general level and, I hope, reach an even wider audience. *JMLA* case studies will be articles that will assist readers in dealing with challenging issues by revealing how a peer managed in a similar situation. Such cases should help us to bridge the division between research and practice, by showing how ideas in the literature can be applied to the problems we encounter in practice. To quote from the revised *JMLA* Information for Authors:

> Manuscripts reporting the resolution of a problem or issue important to health sciences librarianship in an indepth manner may be published as case studies. Unlike research papers that use standard methodologies to extend knowledge of theory and practice, or brief communications that serve to alert readers to new projects or initiatives, case studies report the manner in which a particular organization attempted to solve a particularly challenging and interesting problem. A good case study provides information on the way in which the problem was approached, the various options considered and discarded, and the outcome, including evidence of the project's success or failure. Citations to literature addressing this or a similar problem should be included, and enough information on the institutional setting should be provided to allow readers to judge whether the solution adopted would translate to their own environments. [5]

The current issue contains two case studies. While neither of these was submitted under the new definition, they meet many of the criteria outlined above. One deals with the challenges inherent in establishing services outside the library: in "The Mobile Reference Service: A Case Study of an Onsite Reference Service Program at the School of Public Health," a team of librarians describe their successful attempt to embed a librarian in a school of public health, including some unanticipated increases in demands for service in the traditional library setting. In "The Journey Project: A Case Study in Providing Health Information to Mitigate Health Disparities," a social worker reports on her year as a social work informationist, attempting to combine the services of a social worker and a consumer health librarian in a cancer treatment setting. The successes experienced and the difficulties encountered in the course of this project are described in a way that helps to illuminate the challenges we face in trying to combine knowledge across the fields of disparate professions. Look for more such cases in coming issues, and if you have a case to present, please consider submitting it to share your experiences with your peers.

I hope you will enjoy the case studies and all the other articles this issue has to offer. We have a journal to be proud of, and I am proud to be the new editor.

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